



NURSERY, LLC
 Landscaping / Commercial / Residential
 Route 9, PO Box 1432
 South Glens Falls, New York 12803
 518-793-2886
 FAX 518-793-2626

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

(Please Print)

Date of application _____ 20__

Name: _____

Phone #: () _____

Address: _____

Soc. Sec. #: _____

street

Date of Birth: _____

city state zip

Position applied for _____.

Where did you find out about this job? _____

Date available to start? _____ 20__

___ Full Time ___ Part Time

Can you work Overtime (YES, NO), Weekends (YES, NO), Nights (YES, NO)?

Estimate of expected salary with this company _____ per/wk.

EDUCATION

	School Name	Years Completed	Degree/Course of Study
Elementary school			
High school			
College/ University			
Graduate school			
Special Training			

Are you a veteran of The U.S. Military? ___ Yes ___ No If Yes, What Branch? _____

Please list the name and phone # of three references that are not related to you and are not previous employers.

EMPLOYMENT EXPERIENCE

EMPLOYER _____ Phone #- () _____ Dates FROM TO _____
ADDRESS _____ Work Performed- _____
JOB TITLE _____ Supervisor- _____
Start rate- _____ Ending rate- _____ Reason for leaving- _____

EMPLOYER _____ Phone #- () _____ Dates FROM TO _____
ADDRESS _____ Work Performed- _____
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Start rate- _____ Ending rate- _____ Reason for leaving- _____

EMPLOYER _____ Phone #- () _____ Dates FROM TO _____
ADDRESS _____ Work Performed- _____
JOB TITLE _____ Supervisor- _____
Start rate- _____ Ending rate- _____ Reason for leaving- _____

DRIVING RECORD

License #: _____ Class: D M CDL Other: _____

List Driving Infractions with in the last three (3) Years ___Yes ___No

(Include Dates)

Summarize Any Special Skills And Qualifications That May Be Helpful In This Job.
